



Testosterone Consent Template

Testosterone is used to reduce estrogen-related features and induce testosterone-related features in order to make you feel more at ease in your body.

Informed consent is used to make sure you know what to expect from gender-affirming hormone therapy including physical and emotional changes, side effects and potential risks. The full medical effects and safety are not fully known and some potential risks are serious and possibly fatal. These risks must be weighed against the benefits that gender-affirming hormone therapy can have on your health and quality of life. Benefits may include increased comfort in your body, decreased discomfort related to gender, improved mental health and stability in work, school and relationships. Each person responds differently to gender-affirming hormone therapy and the amount of change varies from person to person. Testosterone is available in several forms but most people use injectable testosterone due to lower cost.

Testosterone-related effects

The effects of testosterone-based gender-affirming therapy may take several months to become noticeable and more than five (5) years to complete or stabilize.

Changes that are PERMANENT and will not go away completely, even if you decide to stop gender-affirming hormone therapy:

- Hair loss, especially at my temples and crown of my head
- Facial hair growth (i.e., beard, mustache)
- Deepening of my voice
- Increased body hair growth (i.e., on arms, legs, chest, back, buttocks, and abdomen, etc.)
- Enlargement of erogenous or erectile tissue



Changes that are NOT PERMANENT and will likely reverse if gender-affirming hormone therapy is stopped:

- Redistribution of fat (i.e., abdominal fat may increase while fat in the chest, buttocks, and thighs may decrease)
- Increased muscle development
- Increased red blood cells
- Increased sex drive and energy levels. Possibly increased feelings of aggression or anger
- Acne, which may become severe and may require treatment
- Cessation of monthly bleeding and suspended ovulation (maturing of ova) including changes to/thinning of internal genital lining leading to increased potential for easy damage, dryness, or yeast infections

Testosterone-related changes may include:	Expected Onset ^a	Expected Maximum Effect
Skin oiliness/acne	1-6 months	1-2 years
Facial/body hair growth	3-6 months	4-5 years
Scalp hair loss	6-12 months ^a	Variable
Increased muscle mass/strength ^b	6-12 months	2-5 years
Body fat redistribution	1-6 months	2-5 years
Cessation of menses	1-6 months	n/a
Clitoral enlargement	3-6 months	1-2 years
Vaginal atrophy	1-6 months	1-2 years
Deepened voice	6-12 months	1-2 years
<p>A. Highly dependent on age and inheritance; may be minimal</p> <p>B. Significantly dependent on amount of exercise</p>		



Potential Risk on Testosterone-Based GAHT

Potential Risk	Risk Level
Sleep apnea Scalp hair loss (balding) Increased red blood cell (polycythemia)	Likely increased risk
Changes to cholesterol which may increase risk for heart attack or stroke Liver inflammation	Possible increased risk
Diabetes Heart and circulation problems (cardiovascular disease) Increased blood pressure	Possible increased risk if you have additional risk factors

Risks for some of these conditions may be affected by:

- Pre-existing physical or mental health conditions, including other medications.
- Family history of physical or mental health conditions
- Cigarette smoking or other substance use
- Nutrition, exercise, stress



_____ (name of care provider) has discussed with me the nature and purpose of gender-affirming hormone therapy; the benefits and risks, including the possibility that hormone therapy may not accomplish the changes I want; the possible or likely consequences of gender-affirming hormone therapy; and other alternative diagnostic or treatment options.

- I have read and understand the above information regarding gender-affirming hormone therapy, and accept the risks involved
- I have had enough opportunity to discuss my health, goals and treatment options with my care provider, and all of my questions have been answered to my satisfaction
- I believe I have adequate knowledge on which to base informed consent to receive gender-affirming hormone therapy
- I authorize and give my informed consent to receive gender-affirming hormone therapy

Patient signature _____ Provider signature _____

Date _____

